

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/567775

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11		1					
12			1				
13				1			
14					1		
15						1	
16							1
17							1
18							1
19							1
20							1
21							1
22							1
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47							
48							
49							
50							
TOTAL IND.	0	↓	1	↓	0	↓	
TOTAL DEP.	0	←	16	←	0	←	
TOTAL CLAIMS	0		17		0		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.	0	↓	0	↓	0	↓	
TOTAL DEP.	0	←	0	←	0	←	
TOTAL CLAIMS	0		0		0		